

**Table 1****Major Risk Factors for Developing Pressure Ulcers****Alterations in sensation or responses to discomfort**

- Degenerative neurologic disease
- Cerebrovascular disease
- Central nervous system (CNS) injury
- Depression
- Drugs that adversely affect alertness

**Alterations in mobility**

- Neurologic disease/injury
- Fractures
- Pain
- Restraints

**Significant changes in weight ( $\geq 5\%$  in 30 days or  $\geq 10\%$  in the previous 180 days)**

- Protein-calorie undernutrition
- Edema

**Incontinence**

- Bowel and bladder

**Table 2****Comorbid Conditions that May Affect Healing**

- Malnutrition and dehydration
- Diabetes mellitus
- End-stage renal disease
- Thyroid disease
- Congestive heart failure
- Peripheral vascular disease
- Vasculitis and other collagen vascular disorders
- Immune deficiency states
- Malignancies
- Chronic obstructive pulmonary disease
- Depression and psychosis
- Drugs that affect healing
- Contractures at major joints

**Table 3****Pressure Ulcer Classifications**

**Stage 1:** Non-blanchable erythema of intact skin, or discoloration, edema, induration, and warmth over a bony prominence among patients with darker skin; the heralding lesion of skin ulceration.

**Stage 2:** Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.

**Stage 3:** Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissues that may extend down to, but not through fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

**Stage 4:** Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage 4 pressure ulcers.